



## Child & Adult Care Food Program

Child Care Centers

CNP Web Tutorial

FY2015

**Child Nutrition Programs**  
*Teaching and Learning Support*  
801 West 10<sup>th</sup> Street, Suite 200  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-8711  
Fax (907) 465-8910

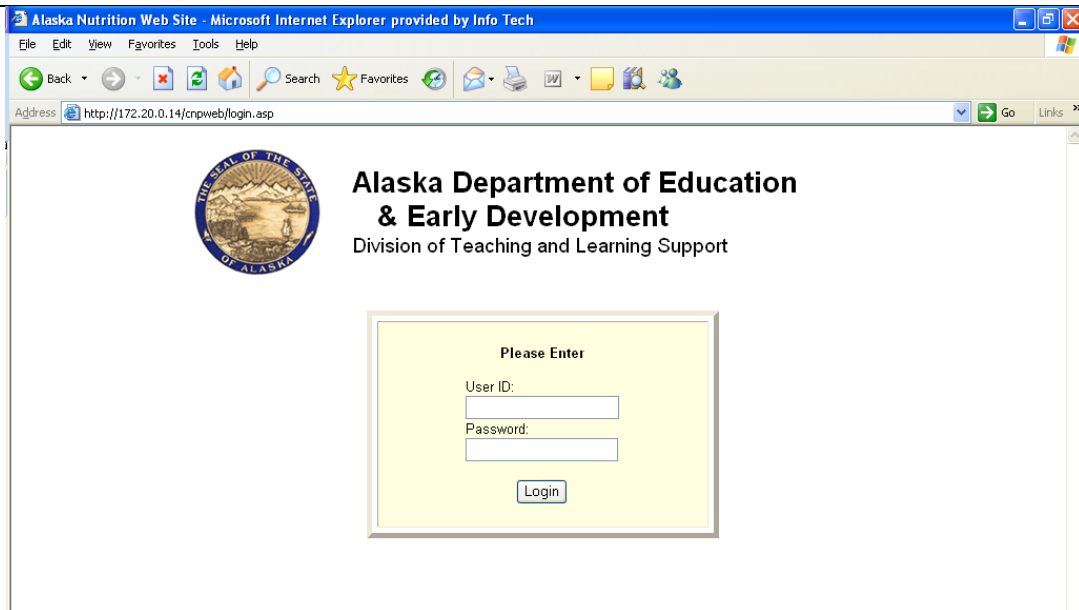
Please note, our database is frequently modified by our contractor so the screen prints that you see in this tutorial may not match exactly what you see on your screen. If you have questions you may contact the State Agency (SA) Child Nutrition Programs (CNP) for guidance.

**Bookmark the following URL address for EED Child Nutrition Programs webpage: –**

**<http://education.alaska.gov/tls/cnp/>**

**(Note – new web page address)**

Use this to access the CNP Web Login in right hand column

	<p><b>Type in your User ID and Password</b> that has been provided by the state agency (SA).</p> <p>If you are unable to access the internet at your facility you must apply for a waiver from SA to do hard copy updates and claims.</p>
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# Alaska Department of Education & Early Development

Division of Teaching and Learning Support



Click on a puzzle piece above for the Child Nutrition Program you wish to access!

[Exit Web Site](#)

Click on the orange puzzle piece to enter the CACFP Database

## Welcome to the Child and Adult Care Food Program (CACFP)

View the most current CACFP Child Care Bulletin:  
[2014-09](#)

### [USDA CACFP Policy Memos:](#)

[13-2014 Area Eligibility Using Census Data](#)

[12-2014 Disaster Response](#)

[11-2014 Sharing Aggregate Data to Expand Program Access and Services in Child Nutrition Programs](#)

[10-2014 Area Eligibility Using Census Data](#)

[09-2014 – Guidance on Reallocation of CACFP Audit Funds](#)

[08-2014 – Fiscal Year \(FY\) 2014 Reallocation of State Administrative Expense \(SAE\) Funds](#)

[07-2014 – Guidance on Income Eligibility Determinations and Duration - REISSUED](#)

[06-2014 - Effective Date of Free or Reduced Price Meal Eligibility Determinations](#)

[05-2014 - Smoothies Offered in Child Nutrition Programs](#)

### Date Issued:

5/28/14

5/19/14

4/24/14

4/21/14

3/19/14

3/10/14

1/10/14

12/3/13

11/14/13

Read Welcome page for any new alerts regarding the CNP Web, and click on Continue

Program Year: 2014 Sponsor: 000000-No Sponsor Select

Program Year Selection		
Program Year	Program Begin Date	Program End Date
<a href="#">2007</a>	October 1, 2006	September 30, 2007
<a href="#">2008</a>	October 1, 2007	September 30, 2008
<a href="#">2009</a>	October 1, 2008	September 30, 2009
<a href="#">2010</a>	October 1, 2009	September 30, 2010
<a href="#">2011</a>	October 1, 2010	September 30, 2011
<a href="#">2012</a>	October 1, 2011	September 30, 2012
<a href="#">2013</a>	October 1, 2012	September 30, 2013
<a href="#">2014</a>	October 1, 2013	September 30, 2014

## Select the program year you wish to add update (2015)

\*Note- you can view prior year's program information & claims but please DO NOT edit any prior year information.  
 (Note: It will be available by the time you do this step)

↓ Bottom of Form

### Sponsor Summary

CACFP New Sponsor (500)

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet		No Information Sheet		<a href="#">Add</a>
Center Info Sheet				
501 New Sponsor Site		No Information Sheet		

↑ Top of Form

The sponsor sheet and sites from prior years will come forward into the new year. You will need to click the "Add" button to update your sponsor information sheet.

Program Year: 2014 Sp

### CACFP

Alaska Dept of Education & Early Development

Sponsor Information Sheet

**CACFP TEST (501)**

2013-2014 Program Year  
 Pending Submission  
 New Application

D-U-N-S® Number: has not been entered

↓ Bottom of Form

If available, please enter Sponsor's D-U-N-S® #

Update D-U-N-S®Nbr

#### Mailing Address

#### Street Address

(1) Addr1:  (6) Addr1:   
 (2) Addr2:  (7) Addr2:   
 (3) City:  (8) City:   
 (4) State:  (5) Zip Code:  (9) State:  (10) Zip Code:

Review your addresses and update as necessary.

#### Authorized Representative

#### Food Program Contact

First	MI	Last	First	MI	Last
(11) Name: Ms. <input type="text"/>	<input type="text"/>	<input type="text"/>	(20) Name: Ms. <input type="text"/>	<input type="text"/>	<input type="text"/>
(12) Title: <input type="text"/>			(21) Title: <input type="text"/>		
(13) E-mail: <input type="text"/>			(22) E-mail: <input type="text"/>		
(14) Phone: <input type="text"/>	(15) Ext: <input type="text"/>		(23) Phone: <input type="text"/>	(24) Ext: <input type="text"/>	
(16) Fax: <input type="text"/>	(17) Ext: <input type="text"/>		(25) Fax: <input type="text"/>	(26) Ext: <input type="text"/>	
(18) Cell: <input type="text"/>			(27) Cell: <input type="text"/>		
(19) Contact's Address: <input type="text" value="Mailing Address"/>			(28) Contact's Address: <input type="text" value="Mailing Address"/>		

☐ Check here to copy Authorized Representative to Food Program Contact

Review your authorized representative and food program contact & update as necessary. If you are a non-profit there should be two different names.

<p><b>Financial Contact</b></p> <p>(29) Name: <input type="text"/> First <input type="text"/> MI <input type="text"/> Last <input type="text"/></p> <p>(30) Title: <input type="text"/></p> <p>(31) E-mail: <input type="text"/></p> <p>(32) Phone: <input type="text"/> (33) Ext: <input type="text"/></p> <p>(34) Fax: <input type="text"/> (35) Ext: <input type="text"/></p> <p>(36) Cell: <input type="text"/></p> <p>(37) Contact's Address: <input type="text"/> Mailing Address <input type="text"/></p>	<p>Review your financial contact and update as necessary. This is the person the SA will call if questions arise on claims.</p>
<p><b>General Information</b></p> <p>(35) Type of Sponsoring Authority: <b>Public</b> FEIN: <input type="text"/></p> <p>(36) Sponsoring Type: <input type="radio"/> Independent Sponsor (One Center) <input type="radio"/> Sponsoring Organization</p> <p>If <b>Sponsoring Organization</b> selected above, check all entity types that are sponsored</p> <p>(37) <input type="checkbox"/> Homes <input type="checkbox"/> Centers that are legal entities of the sponsor <input type="checkbox"/> Centers that are not legal entities of the sponsor</p> <p>List Below the Media Source(s) to which the media release will be sent upon application approval</p> <p>(38) <input type="text"/></p> <p>(39) Do you use Food Service Management Contract(s)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If <b>Yes</b>, please answer the following two questions:</p> <p>(40) Is the contract with a School District? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(41) What is the amount of the Contract(s)? <input type="text"/></p> <p>Media Release: to announce participation in CACFP and affirm all children are treated equally. Must submit to local media (template provided) and keep a copy. Not required to pay a fee.</p>	<p>Make sure we have the correct type of sponsoring authority:          *public          *private non-profit          *private for-profit</p> <p>Let the SA know if incorrect</p> <p>Answer the questions.</p>
<p><b>For Sponsors of Centers Only</b></p> <p>USDA Commodities are available to sponsors of centers. Please select either Cash-In-Lieu (CIL) of Commodities or Government Donated Commodities.</p> <p>(45) <input checked="" type="radio"/> Cash-in Lieu of Government-donated Commodities <input type="radio"/> Government Donated Commodities</p> <p>USDA Commodities:          Bulk products available through USDA based on average daily attendance          Place order in February for following year          Products usually delivered in the fall          Need space for storage</p>	<p>For Centers:          Check if you'd like Cash-in-Lieu of Commodities (CIL) or Commodities.</p> <p>CIL rate changes yearly. 7/1/14-6/30/15 = \$.22.25 per lunch/supper</p>
<p><b>Number of Sites/Homes</b></p> <p>(43) Pricing Sites <input type="text"/> 0 (44) Non-Pricing Sites <input type="text"/> 0 (45) Tier I Homes <input type="text"/> 0 (46) Tier II Homes <input type="text"/> 0 (47) Tier II Mixed Homes <input type="text"/> 0</p>	<p>For Sponsors of FDCH: These fields will auto fill after you've entered provider information.</p>

<div> <div> <b>Free and Reduced Application Approval <sup>1</sup></b> </div> <div> <b>Claim Reimbursement Certification <sup>2</sup></b> </div> </div> <div> <div> <div>First</div> <div>MI</div> <div>Last</div> </div> <div> <div>(51) Name:</div> <div> <div>▼</div> <div></div> <div></div> </div> </div> </div> <div> <div> <div>(52) Title:</div> <div></div> </div> <div> <div>(53) E-mail:</div> <div></div> </div> <div> <div>(54) Phone:</div> <div></div> <div>(55) Ext:</div> <div></div> </div> </div> <div> <div> <div>1 Enter the name, title, phone number and email address of the person who is responsible for approving the application for free and reduced-price meals</div> </div> <div> <div> <div>First</div> <div>MI</div> <div>Last</div> </div> <div> <div>(56) Name:</div> <div> <div>▼</div> <div></div> <div></div> </div> </div> </div> <div> <div> <div>(57) Title:</div> <div></div> </div> <div> <div>(58) E-mail:</div> <div></div> </div> <div> <div>(59) Phone:</div> <div></div> <div>(60) Ext:</div> <div></div> </div> </div> <div> <div> <div>2 Enter the name, title, phone number and email address of the person person who is responsible for certifying the claim for reimbursement</div> </div> </div> </div>		Fill in who is responsible for the Confidential Income Statements (CIS) and the Claim.
<div>         Please describe below the controls your organization has in place to backup these persons in the event they are no longer employed by your organization or cannot complete these tasks.         <div>(52) <div></div></div> </div> <div>         Documentation of meals and supplements served must be made at point of service. Point of service is defined as the place and time at which meals are served. Please describe below how your organization ensures that meals are documented at point of service. ( NOTE :: Required ONLY for Sponsors of Centers NOT for Sponsors of homes. )         <div>(53) <div></div></div> </div>		Please be specific when answering the questions.

<div> <b>Civil Rights Annual Requirement</b> </div> <div> <b>Civil Rights Compliance for Sponsors of Day Care Homes</b> </div> <div>         (63) Does your program annually monitor civil rights compliance? <input type="radio"/> Yes <input type="radio"/> No       </div> <div>         (64) Is an annual Civil Rights Review form kept in each providers file for review? <input type="radio"/> Yes <input type="radio"/> No       </div> <div> <b>Civil Rights Compliance for Sponsors of Centers</b> </div> <div>         As part of the requirement for civil rights compliance you must provide information concerning the number of children in each racial/ethnic category attending your program on an annual basis. In the event that one or more racial/ethnic categories are not represented in your program, please enter a zero (0). Sponsors of Centers attempting to submit this form with blank or empty category counts will be returned an error.       </div> <div> <b>Indicate the appropriate NUMBERS (not percentage) in the boxes below.</b> </div>		Disregard Questions 63 & 64 (these are for sponsors of day care homes).
<div> <div> <div>(65) Caucasian (White):</div> <div></div> </div> <div> <div>(66) African American (Black) Non-Hispanic:</div> <div></div> </div> <div> <div>(67) Hispanic or Latino:</div> <div></div> </div> <div> <div>(68) Asian:</div> <div></div> </div> <div> <div>(69) American Indian:</div> <div></div> </div> <div> <div>(70) Alaska Native:</div> <div></div> </div> <div> <div>(71) Mixed Ethnicity:</div> <div></div> </div> <div> <div>(72) Native Hawaiian or Other Pacific Islander:</div> <div></div> </div> </div>		Center sponsors MUST fill in the number of participants in each category. Put zero "0" if no participants in a particular category.

(74) ☒ Yes ☐ No The management plan on file with the State agency is complete and up to date.

(75) ☒ Yes ☐ No No sponsored facility, principal of a sponsored facility, the Institution itself, and/or the Institution's principals, are currently on the CACFP National Disqualified List.

(76) ☒ Yes ☐ No The outside employment policy most recently submitted to the State agency remains current and in effect.

(77) ☒ Yes ☐ No A budget for the upcoming year has been submitted to the State agency.

(78) ☒ Yes ☐ No The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the State agency.

(79) ☒ Yes ☐ No The list of any publicly funded programs, institutions and principals having participated in the past seven years is current.

(80) ☒ Yes ☐ No The Institution itself, and the Institution's principals, have not been determined ineligible for any other publicly funded programs due to violation of that Program's requirements in the past seven years.

(81) ☒ Yes ☐ No No principals of the Institution have been convicted of any activity that occurred during the past seven years indicating a lack of business integrity.

(82) ☒ Yes ☐ No The Institution is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in 7 CFR §226.6(b)(2)(vii).

(83) ☒ Yes ☐ No I certify, by submission of this Sponsor Information Sheet, that neither the Sponsor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. If I am unable to certify to any of the statements in this certification, I will submit an explanation to Child Nutrition Programs.

(84) ☒ Yes ☐ No Any of the above information that has changed since the initial application has already been submitted to the State agency or is being submitted with this certification.

(85) List the publicly funded programs in which this institution and its principals have participated in the past seven years.

Fill in all  
publicly  
funded  
programs.

(86) ☒ I certify that the information submitted to the State Agency on the information sheet, the management plan, and the budget and its attachments is true and accurate to the best of my knowledge; that I will accept the final administrative and financial responsibility for total Child and Adult Care Food Program operations at all facilities under my sponsorship; that the reimbursement will be claimed only for meals served to enrolled children, that meals claimed for a providers child are eligible for free or reduced-price meals; that the CACFP will be available to all eligible enrolled children without regard to race, color, sex, national origin, age, or disability at the approved food service facilities; and that these food service facilities have capability for the meal service planned for the number of children anticipated. I understand that this information is being given in connection with receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

(87) ☒ I certify that the information on the application is true and accurate to the best of my knowledge; that I will accept final administrative and financial responsibility for the total Child and Adult Care Food Program operations at all facilities under my sponsorship; that reimbursement will be claimed only for meals served to enrolled children, that meals claimed for a providers child are eligible for free or reduced-price meals; that the CACFP will be eligible to all children without regard to race, color, sex, national origin, age, or disability at all approved food service facilities; and that these facilities have the capability for the meal service planned for the number of children anticipated. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

\*Center Sponsors  
should check box  
(87)



(60)

(61)

Name of Food Director

Birthdate

(62)

Mailing Address of Food Director

(63)

(64)

Name of Executive Director

Birthdate

(65)

Mailing Address of Executive Director

(66)

(67)

Name of Chairman of the Board of Directors or Owner

Birthdate

(68)

Mailing Address of Chairman of the Board of Directors or Owner

(69) General Comments:

Submit

Cancel

Review your responsible parties and update all information with **home addresses** of each contact. These people are responsible for the CACFP

Submit comments as necessary.

Post Confirmation

The **Sponsor Information Sheet** was posted to the database with a status of **Pending Submission**.

When you have completed entering all of the forms required, please submit them to EED for final approval.

Click [here](#) to go to the Sponsor Information Sheet Listing or select another option from the menu above.

After clicking “Submit” you will see this screen. The sponsor information sheet is now in Pending Submission. Next update your sites by clicking “here” you will be brought back to the Sponsor Summary Page

↓ Bottom of Form

Sponsor Summary

CACFP Test (50000)

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet	0	Pending Submission		<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
Center Info Sheet				
1test test		No Information Sheet		<a href="#">Add</a>

↑ Top of Form

The Following Information is for Sponsors of Child Care Centers

Click on “Add” to update the site information sheet(s). If you have new sites to add please see below for directions.

Program Year: 20

Center Information Sheet

Site: center test (1test)

Sponsor: CACFP Test (50000)

Program Types	Revision Number	Date Created	Date Approved	Status
<a href="#">Adult Care Center</a>				
<a href="#">Child Care Center</a>				
<a href="#">Head Start Center</a>				
<a href="#">Outside School Hours Center</a>				
<a href="#">Homeless Shelter Center</a>				
<a href="#">At Risk After School Snack Center</a>				

You will need to click what type of site you are running – see below for definitions. If you have one site with two different programs you will go through this process twice **for the same site** (i.e. a

Page 7 of 11

If you have questions regarding the type of site you are running after reading the information below please feel free to contact CNS at (907) 465-4969.

Child Care Center  
and an At-Risk  
After School Snack  
Center).

If you want to add a brand new site you must e-mail the CACFP Specialist at SA and include the new site/center name. The Specialist will add the site/center and indicate when it is ready for you to populate the database with all pertinent information.

**Child Care Center** = Any public or private nonprofit or for-profit institution or facility licensed or approved to provide nonresidential child care services to enrolled children, primarily of preschool age, including but not limited to day care centers, Head Start centers and organizations providing day care services for children with disabilities.

**Head Start Center** = Licensed or approved to provide nonresidential services to Head Start participants under the Federally-funded Head Start Program.

**Outside School Hours Center** = A public or private nonprofit institution or facility or for-profit center that has met the state or local health and safety standards and provides organized nonresidential child care services to children during hours outside of school. (12 years and under)

**At Risk After School Snack Center** = A public or private nonprofit organization (including a school) which provides children with regularly scheduled activities in an organized structured and supervised environment, includes educational or enrichment activities, and is located in a geographical area served by a school in which 50% or more of the children enrolled are eligible for free or reduced price school meals. (school age children up through age 18 – or 19 if the child turns 19 during the school year)

## CACFP

Alaska Dept of Education & Early Development

### Center Information Sheet

center test  
(1test)

CACFP Test (50000)  
2008-2009 Program Year  
Pending Submission  
Renewal Application

↓ Bottom of Form

#### Mailing Address

#### Street Address

(1) Addr1: xxxxxxxx

(6) Addr1: xxxxxxxx

(2) Addr2: xxxxxxxx

(7) Addr2: xxxxxxxx

(3) City: xxxxxxxxxxxx

(8) City: xxxxxxxxxxxx

(4) State: AK (5) Zip Code: 99801

(9) State: AK (10) Zip Code: 99801

☒ Check here to copy Mailing Address to Street Address

Some of the  
information from prior  
years will roll forward.  
Review the addresses  
and update as  
necessary.

#### Enrollment Information

Program	(A) Free	(B) Reduced	(C) Over Income	(D) Total
(11) Child Care Center				

Submit Roster and Certification to State Agency

CNP must receive your 30-day study documentation before approval will take place. Mail, e-mail or fax your attendance roster and certification statement to:

Ann-Marie Martin, Specialist  
Department of Education & Early Dev.  
Child Nutrition Services  
P.O. Box 110500  
Juneau, AK 99811-0500  
[Annmarie.martin@alaska.gov](mailto:Annmarie.martin@alaska.gov)  
(907) 465-8910 FAX

Insert your Rate %  
Certification  
Numbers. Leave  
blank until your 30-  
day study is  
complete, which  
will be after October  
30, 2014. This must  
be updated by  
November 15, 2014  
to be considered  
within deadline.



**Cacfp Contact Person (for this program at this center)**

	First	MI	Last
(12) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(13) Title:	<input type="text"/>		
(14) E-mail:	<input type="text"/>		
(15) Phone:	<input type="text"/>		(16) Ext: <input type="text"/>
(17) Fax:	<input type="text"/>		(18) Ext: <input type="text"/>
(19) Cell:	<input type="text"/>		

**General Information**

(19) Center Type: **Public**

(20) Center Administration:

(21) Is this Center affiliated with a church? ☐ Yes ☒ No

(22) Months of Operation: Oct ☒ Nov ☒ Dec ☒ Jan ☒ Feb ☒ Mar ☒ Apr ☒ May ☒ Jun ☒ Jul ☒ Aug ☒ Sep ☒

(23) Age range of participants enrolled at this site (Check all that apply)

☐ 0-11 Months ☐ 1-2 Years ☒ 3-5 Years ☐ 6-12 Years ☐ 13-18 Years ☐ 18 Years-Over

Review contact person's information and update as necessary (if you have more than 1 site the contact person should be the staff member that is at the site, not the staff member who works at the main office).

Review General information and update as necessary.

**At-Risk After School sites – DO NOT CHECK SUMMER MONTHS****Licensing Information**

(25) Is this a licensed Center? ☒ Yes ☐ No

(26) Number:  (27) Effective Date:

(28) Capacity:  (29) Expiration Date:

Review license # and Capacity & update if necessary. Fill in the two dates.

May be found seriously deficient if current license information is not in the database. Notify SA when moving. Cannot claim meals if not licensed and updated information not approved in database.

**For Profit Centers Only**

(36) Is this Center ☒ For Profit - PASS I, II, III ☐ For Profit - Free and Reduced Eligible

(37) Title XX Beneficiaries:  (38) Free/Reduced:  (39) Eligibility: **43.1%**

**For Profit Centers:** Click how you are verifying 25% eligibility and input number in that category for 30-day study month.

For-profit child care centers may not claim reimbursement for meals served to children in any month in which less than 25% of the children in care (enrolled or licensed capacity, whichever is less) were eligible for free/reduced meals or were title II beneficiaries (Child Care Assistance).

Meal Service		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Only enter the meals that you are claiming for reimbursement!											
Meal Type	Shift	Begin Time	End Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
(40) <input checked="" type="checkbox"/> Breakfast	<input type="radio"/> Yes <input checked="" type="radio"/> No	07:45 AM	09:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(41) <input type="checkbox"/> AM Snack	<input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(42) <input checked="" type="checkbox"/> Lunch	<input checked="" type="radio"/> Yes <input type="radio"/> No	11:00 AM	12:30 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(43) <input checked="" type="checkbox"/> PM Snack	<input type="radio"/> Yes <input checked="" type="radio"/> No	02:00 PM	03:15 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(44) <input checked="" type="checkbox"/> Supper	<input type="radio"/> Yes <input checked="" type="radio"/> No	05:00 PM	06:00 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(45) <input type="checkbox"/> Night Snack	<input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(46) Provide explanation of method used to not serve more than the allowable number of meals per child

Meal count by name. Only 2 meals and 1 snack are claimed - the extra meals/snacks are crossed out on the meal count sheet. Shift meal- Young children 11:00 & older children (kinder) at 12:00.

Review meal service information and update as necessary.

Provide a thorough explanation for Question #45.

Look for changes on question 46 – also include description of shift meals

(47) Do you Serve Meals on Holidays? ☒ Yes ☐ No (If "Yes", Check all that apply)

<input type="checkbox"/> New Years	<input checked="" type="checkbox"/> Presidents Day	<input checked="" type="checkbox"/> Martin Luther King	<input checked="" type="checkbox"/> Columbus Day
<input checked="" type="checkbox"/> Election Day	<input checked="" type="checkbox"/> Veterans Day	<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Labor Day
<input type="checkbox"/> Independence Day	<input type="checkbox"/> Easter	<input type="checkbox"/> Thanksgiving	<input type="checkbox"/> Christmas
<input type="checkbox"/> Other			

If you provide meals on holidays check the appropriate boxes.

Look for changes on question 47 – list holidays you will be closed

#### For Pricing Programs Only

(48) Breakfast  (Max 0.30) (49) Lunch/Supper  (Max 0.40) (50) Snack  (Max 0.15)

List the prices charged for reduced-price meals

#### Type of Food Service

(51) Meal Preparation ☐ On Site ☐ Central Kitchen ☐ School ☐ Commercial Vendor

☐ Other - If "Other" enter the Description

(53) For-Profit Centers ☐ Vendor Contract < \$10,000.00 ☐ Vendor Contract >= \$10,000.00

(54) Not For-Profit Centers ☐ Vendor Contract < \$100,000.00 ☐ Vendor Contract >= \$100,000.00

#### Contract Information

(55) Vendor Name

(56) Contract Begin Date  (57) Contract End Date

Mail copy of current contract to EED

#### (58) General Comments:

☐ Check here to submit this form to the State for Approval

**Pricing Programs:**  
Fill in price for meals (N/A in Alaska)

Click type of meal preparation. If using a vendor or school click appropriate box.

If using a vendor fill in blanks & send hard copy of contract to EED by prior to start of contract so it can be approved by EED.  
\*CHECK to submit to the state when you're ready for approval.  
Click "Submit" to save information.

### Post Confirmation

The **Center Information Sheet** was posted to the database with a status of **Errors Detected**.

The form entered failed to pass the edit process because of either incomplete or incorrect information. These errors must be corrected before the form can be approved by EED. Please return to the entry form to review the errors and make the necessary corrections.

Click [here](#) to go to the Center Information Sheet Listing or select another option from the menu above.

If you have not completed form it you will get an Error. You can go back in and “Edit” the site sheet at any time.

You should expect an Error if you haven’t filled in the enrollment information from your 30-day study or your for-profit eligibility information (if you are a for-profit center). We understand that this is normally the last piece of your “paperwork”. We will not pay your October claim until all your paperwork is submitted and approved.

↓ Bottom of Form

### Sponsor Summary

CACFP New Sponsor (500)

Packet		Applications	Claims	Payments	Users
Item	Req	On-Line Forms Description		Count/Date	Status
1	★	Sponsor Information Sheet			Pending Submission
2	★	Center Information Sheets		1 of 1	Pending Submission

☐ Check here and click on the "Submit" button below to submit forms to the State for Approval.  
(Once the forms have been submitted to the State Agency, no additional changes can be made prior to Approval.)

Submit

↑ Top of Form

When your sponsor sheet is ready for SA to approve and all your sites are ready to approve go to the “Packet” bar and check the box and click “Submit”.

SA will review your updates when you’ve sent it to the State for approval.

SA will approve your submission when ALL of your paperwork is filed with SA. Please refer to the e-mail with the checklist of required items attached.

You will receive an approval letter via e-mail that should be kept with all your FY2015 CACFP paperwork.